

### **Application Information**

Application Number::

10/659,705

Filing Date::

September 11, 2003

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R::

None

Title::

TRANSGENIC CANCER MODELS IN FISH

Attorney Docket Number::

112706.123US2

Request for Early Publication?::

No

Request for Non Publication?::

No

**Total Drawing Sheets:** 

15

Small Entity?::

Yes

Petition Included?::

No

Secrecy Order in Parent Application?::

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**United States** 

Status::

**Full Capacity** 

Given Name::

A.

Middle Name::

Thomas

Family Name::

LOOK

City of Residence::

North Reading

State or Province of Residence::

Massachusetts

Country of Residence::

**United States** 

Street of mailing address::

315 Haverhill Street

City of mailing address::

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State or Province of mailing address::

Massachusetts

Page 1 of 3

Updated [April 14, 2004]

Country of mailing address::

**United States** 

Postal or Zip Code of mailing address:: 01864

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

**United States** 

Status::

Full Capacity

Given Name::

David

Middle Name::

M.

Family Name::

**LANGENAU** 

City of Residence::

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State or Province of Residence::

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Country of Residence::

**United States** 

Street of mailing address::

210 Winthrop Rd. #10

City of mailing address::

<u>Brookline</u>

State or Province of mailing address::

Massachusetts

Country of mailing address::

**United States** 

Postal or Zip Code of mailing address:: 02445

### **Correspondence Information**

Correspondence Customer Number::

24395

Phone number::

202-942-8400

Fax number::

202-942-8484

#### **Representative Information**

Representative Customer	24395	
Number::		

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional	60/409,585	September 11, 2002

# **Assignment Information**

Assignee Name::

Dana-Farber Cancer Institute

Street of mailing address::

44 Binney Street

City of mailing address::

**Boston** 

State or Province of mailing address::

Massachusetts

Country of mailing address::

**United States** 

Postal or Zip Code of mailing address:: 02115